EMPLOYMENT APPLICATION

Name:						
First	Middle	Last				
		ired: Date:				
Date available to begin work:						
Mailing Address:						
Residential Address:						
Daytime Telephone:	Evenii	Evening Telephone:				
Work Availability (Check when	e applicable)					
[] Full time [] Par		avs				
[] Holidays [] Ov	ertime [] Pi	veekends references				
Memberships in Professional A Hobbies and other activities:		Organizations:				
United States Citizenship [] Yes [] No [] Legally registered alien (documentation requir	ed)				
Military Service						
[] Check here if applicable	Branch of Service	e				
Dates	Highest Rank Held					
Type of discharge						
Person to notify in case of eme	rgency					
Day Phone Evening Phone						

Your Education

0 1 137 / 4 11		
School Name/ Address		
Subjects Studied		
Dates Attended		
Graduate [] Yes [] No	Degree	
High School:		
School Name/Address		
Subjects Studied		
Dates Attended		
[] Diploma [] G.E.D.		
Other 1:		
School Name/Address		
Subjects Studied		
Dates Attended		
Graduate [] Yes [] No	Degree	
Other 2:		
School Name/Address		
Subjects Studied		
Dates Atteneded		
Graduate [] Yes [] No	Degree	
(Begin with o 1. Company Name:	Employment History current or most recent empl	oyer)
	. 11	
Telephone:	Address:	
Telephone: Title & Job Description:	Address:	
Telephone: Title & Job Description: Supervisor's Name & Title:	Address:	
Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay:	Address:	
Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay: Reason for leaving:	Address: End Date:	
Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay:	Address: End Date:	
Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay: Reason for leaving:	Address: End Date:	
Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay: Reason for leaving: May we contact this employer?	Address: End Date: [] Yes [] No	End Pay:
Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay: Reason for leaving: May we contact this employer? 2. Company Name:	Address: End Date: [] Yes [] No	End Pay:
Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay: Reason for leaving: May we contact this employer? 2. Company Name: Telephone:	Address: End Date: [] Yes [] No Address:	End Pay:
Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay: Reason for leaving: May we contact this employer? 2. Company Name: Telephone: Title & Job Description:	Address: End Date: End Date:	End Pay:
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Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay: Reason for leaving: May we contact this employer? 2. Company Name: Telephone: Title & Job Description: Supervisor's Name & Title:	Address: End Date: [] Yes [] No Address: End Date:	End Pay:
Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay: Reason for leaving: May we contact this employer? 2. Company Name: Telephone: Title & Job Description: Supervisor's Name & Title: Start Date: Start Pay:	Address: End Date: [] Yes [] No Address: End Date:	End Pay:

Telephone: Address: Title & Job Description: Supervisor's Name & Title:	
Supervisor's Name & Title	
Supervisor's Name & Title.	
Start Date: Start Pay: End Date: End Pay: _	
Reason for leaving:	
Reason for leaving:	
4. Company Name:	
Telephone: Address:	
Title & Job Description:	
Supervisor's Name & Title:	
Start Date: Start Pay: End Date: End Pay: _	
Reason for leaving: Start Tuy: End Bate: End Tuy:	
Personal References (other than employers or relatives)	
1. Name:	
Day Telephone:Evening telephone:	
Address:	
Relationship:	
2. Name:	
Day Telephone:Evening telephone:	
Address:	
Relationship:	
3. Name:	
Day Telephone:Evening telephone:	
Address:	
Relationship:	
Have you been convicted of a crime within the past five years?	
No	_
Yes, identify the type of crime, date of conviction, sentence imposed and	
pertinent facts:	
Other information you would like to add to this application to help us consider y	vou for
employment?	y 0 u 101
mpiojment.	

"I certify the information provided in this application is true, correct	ct
and complete. I understand that any misstatement or omission of fa	ct
may result in my dismissal if I am hired."	

Applicant's Signature	
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The Town of Alton is an Equal Opportunity Employer, qualified job applicants will receive consideration without discrimination because of age, race, sex, color, creed, national origin, religious beliefs, marital status or disability.